

<input type="checkbox"/> SUMMONS FOR DEFENDANT <input checked="" type="checkbox"/> SUMMONS FOR WITNESS		DOCKET NUMBER <div style="background-color: black; width: 100px; height: 15px;"></div>		Trial Court of Massachusetts District Court Department	
SESSION: [SEVERITY CODE] NAME, ADDRESS AND ZIP CODE OF DEFENDANT Commonwealth vs. <div style="background-color: black; width: 150px; height: 25px; display: inline-block;"></div>			NAME AND ADDRESS OF COURT DIVISION Taunton Trial Court 40 Broadway Taunton, MA 02780		YOU MUST APPEAR AT THIS COURT ADDRESS ON THE DATE AND TIME SPECIFIED HEREIN
NAME, ADDRESS AND ZIP CODE OF WITNESS KATE CORBETT, CHEMIST C/O STATE LAB INSTITUTE 305 SOUTH ST JAMAICA PLAIN, MA 02130			DATE AND TIME OF APPEARANCE Jury Trial April 5, 2012 at 08:30 AM		
			<div style="display: flex; justify-content: space-between;"> DATE TIME </div>		
TO ANY PERSON AUTHORIZED TO SERVE CRIMINAL PROCESS IN THE COMMONWEALTH: You are hereby commanded to forthwith serve the annexed summons upon the defendant or witness named within by delivering it to the defendant or witness personally, or by leaving it at the dwelling house or usual place of abode of the defendant or witness with some person of suitable age and discretion then residing therein, or by mailing it to the last known address of the defendant or witness. NOTE: A summons for a witness may also be served by any person authorized to serve a summons in a civil action. See Rule 17(d)(1) of the Massachusetts Rules of Criminal Procedure.			OFFENSE(S) CONSPIRACY TO VIOLATE DRUG LAW c94C §40, DRUG VIOLATION NEAR SCHOOL/PARK c94C §32J, DRUG, POSSESS TO DISTRIB CLASS A c94C §32(a), FIREARM USE IN FELONY, FIREARM WITHOUT FID CARD, POSSESS c269 §10(h) (2 counts) and HEROIN/MORPHINE/OPIUM, TRAFFICKING IN c94C §32E(c)		
To the above named <input type="checkbox"/> Defendant <input checked="" type="checkbox"/> Witness: You are hereby ordered to appear in this Court on the appearance date noted above. <input type="checkbox"/> To answer to a criminal complaint charging you with the offense(s) listed above. <input checked="" type="checkbox"/> To give evidence and testify on behalf of the <input checked="" type="checkbox"/> Commonwealth <input type="checkbox"/> Defendant in the matter described above, and to appear from time to time and day to day thereafter as ordered. You are further required to bring with you: LAB # <div style="background-color: black; width: 150px; height: 25px; display: inline-block;"></div> Please check in at the victim/witness desk located on the 3rd floor					
WITNESS:		FIRST JUSTICE Hon. Kevin J. Cunningham		DATE OF ISSUE February 9, 2012	
				CLERK-MAGISTRATE 	
RETURN OF SERVICE					
I hereby certify that I served the within summons upon the above named <input type="checkbox"/> Defendant <input type="checkbox"/> Witness by <input type="checkbox"/> Delivering a copy of it personally to the defendant or witness. <input type="checkbox"/> Leaving a copy of it at the dwelling house or usual place of abode of the defendant or witness with a person of suitable age and discretion residing therein. <input type="checkbox"/> Mailing a copy of it to the last known address of the defendant or witness. <input type="checkbox"/> I received the summons on _____ but I was unable to make service because: _____ <div style="text-align: center; margin-top: -10px;">DATE RECEIVED</div>					
DATE OF SERVICE		SIGNATURE OF PERSON MAKING SERVICE		TITLE OF PERSON MAKING SERVICE	

<input type="checkbox"/> SUMMONS FOR DEFENDANT <input checked="" type="checkbox"/> SUMMONS FOR WITNESS		DOCKET NUMBER <div style="background-color: black; width: 100px; height: 1.2em;"></div>	Trial Court of Massachusetts District Court Department	
SESSION: [SEVERITY CODE] NAME, ADDRESS AND ZIP CODE OF DEFENDANT Commonwealth vs. <div style="background-color: black; width: 150px; height: 1.2em;"></div>		NAME AND ADDRESS OF COURT DIVISION <div style="text-align: center;">Taunton Trial Court 40 Broadway Taunton, MA 02780</div>		YOU MUST APPEAR AT THIS COURT ADDRESS ON THE DATE AND TIME SPECIFIED HEREIN
NAME, ADDRESS AND ZIP CODE OF WITNESS KATE CORBETT,CHEMIST C/O STATE LAB INSTITUTE 305 SOUTH ST JAMAICA PLAIN,MA 02130		DATE AND TIME OF APPEARANCE Jury Trial April 5, 2012 at 08:30 AM		
		OFFENSE(S) CONSPIRACY TO VIOLATE DRUG LAW c94C §40, DRUG VIOLATION NEAR SCHOOL/PARK c94C §32J, DRUG, POSSESS TO DISTRIB CLASS A c94C §32(a), FIREARM USE IN FELONY, FIREARM WITHOUT FID CARD, POSSESS c269 §10(h) (2 counts) and HEROIN/MORPHINE/OPIUM, TRAFFICKING IN c94C §32E(c)		
<p>To the above named <input type="checkbox"/> Defendant <input checked="" type="checkbox"/> Witness:</p> <p>You are hereby ordered to appear in this Court on the appearance date noted above.</p> <p><input type="checkbox"/> To answer to a criminal complaint charging you with the offense(s) listed above.</p> <p><input checked="" type="checkbox"/> To give evidence and testify on behalf of the <input checked="" type="checkbox"/> Commonwealth <input type="checkbox"/> Defendant in the matter described above, and to appear from time to time and day to day thereafter as ordered. You are further required to bring with you:</p> <p style="text-align: center;">Please check in at the victim/witness desk located on the 3rd floor</p>				
WITNESS:	FIRST JUSTICE Hon. Kevan J. Cunningham	DATE OF ISSUE February 9, 2012	CLERK-MAGISTRATE 	
<p>WARNING TO DEFENDANT OR WITNESS</p> <p>Failure to appear in accordance with this summons may result in the issuance of a warrant for your arrest. Please bring this document with you to court.</p> <p>ATENCION:</p> <p>Esta es una notificación oficial de la corte. Si usted no sabe leer inglés, obtenga traducción !</p>				
DATE OF SERVICE	SIGNATURE OF PERSON MAKING SERVICE	TITLE OF PERSON MAKING SERVICE		

DC-CR-7 (1/84)